## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48				
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Congressional Leadership Fund					
	C C00504530				
Check if 24-hour report 48-hour report Mew report Amends report filed on					
Full Name of Payee	Date of Public Distribution/Dissemination				
American Media & Advocacy Group	M - M / D - D / Y - Y - Y - Y				
Mailing Address 815 Slaters Lane	10 21 2014 Amount				
City State Zip Code	862514.00				
Alexandria VA 22314	Transaction ID: 001 Date of Disbursement or Obligation				
Purpose of Expenditure TV/media placement  Category/ Type  004	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	e Sought: X House District: 07				
Ami Bera Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought  Disbusciant 950904.00	ursement For: Primary X General  Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
Revolution	10 21 2014				
Mailing Address 1020 Princess Street	10 21 2014				
- 1020 Tillious Street	Amount				
City State Zip Code	39500.00				
Alexandria VA 22314	Transaction ID : 002				
Purpose of Expenditure	Date of Disbursement or Obligation				
Digital advertising  Category/ Type  Out  Out  Out  Out  Out  Out  Out  Ou	10 09 2014				
Name of Federal Candidate Support Offic	e Sought:				
Ami Bera Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  4 Other (specify) ▶				
, , ,	Uniter (Specify) >				
(a) SUBTOTAL of Itemized Independent Expenditures	902014.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Caleb Crosby  [Electronically Filed] Date	10 22 2014				
Signature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXPEND	ITOTILO	<b>⊢</b>	PAGE 2 OF 2 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼		
Congressional Leadership Fund				00504530		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee Scott Howell & Company			M = M /	Distribution/Dissemination		
Mailing Address 3900 Willow St.			10 Amount	21 2014		
Suite 200	Chaha	Zin Codo		24000.00		
City Dallas	State Zip Code TX 75226			Transaction ID : 003 Date of Disbursement or Obligation		
Purpose of Expenditure TV/media production		Category/ Type 004	10	20 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:07		
Ami Bera		X Oppose	President	Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	050004.00			Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Arena Communications			10	21 / 2014		
Mailing Address 1780 Sequoia Vista Circle			Amount			
City	State	Zip Code		13495.00		
Salt Lake City	UT	84104		Transaction ID : 004  Date of Disbursement or Obligation		
Purpose of Expenditure Direct mail		Category/ Type 004	10	16 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:07		
Ami Bera		X Oppose	President	Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	7 7	950904.00	Disbursement For: 2014 Other (spe	Primary X General		
(a) SUBTOTAL of Itemized Independent Expenditu	res			35395.00		
(b) SUBTOTAL of Unitemized Independent Expendent	litures		<b>)</b>	7		
(c) TOTAL Independent Expenditures			•	937409.00		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized					
Caleb Crosby	[Electron	ically Filed] Date	10 / 22	2014		
Signature						